

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034593

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 544

Registrar's No. 2413

FILED AUG 19 1963

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kirkwood		Length of stay in lb 8 weeks	c. CITY OR TOWN Kirkwood Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) St. Joseph Hospital		d. STREET ADDRESS (If outside, give location) 531 S. Harrison Ave.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) WILLIAM F. RICHTER		4. DATE OF DEATH Month July Day 27 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/28/94
9. AGE (last birthday) 68		IF UNDER 1 YEAR Months 68 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Plumber	11. BIRTHPLACE (City and state or country). Kirkwood, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Theodore Richter	
13b. MOTHER'S MAIDEN NAME Caroline Bauman		14. NAME OF HUSBAND OR WIFE Emma Richter	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates) Yes W.W.I		17. INFORMANT Mrs. Emma Richter, 531 S. Harrison, Kirkwood Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Insufficiency DUE TO (b) Cancer of Lung and Pneumonia DUE TO (c) Interval between onset and death weeks		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 7:35 a.m. 7:35 p.m. 7:35 Month, Day, Year July 27, 1963	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Kirkwood, Mo.		20g. COUNTY Kirkwood STATE Mo.	
21. I attended the deceased from 1961 to July 27, 1963 Death occurred at 7:35 a.m. on the date stated above, and to the best of my knowledge from the causes stated.		22a. SIGNATURE (Degree or title) J. Roger Kleson MD	
22b. ADDRESS 135 W. Adams - Kirkwood Mo.		22c. DATE SIGNED 7/29/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/30/63	
23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		23d. LOCATION (City, town, or county) Kirkwood, Mo.	
24. FUNERAL DIRECTOR Bopp Chapel, Kirkwood, Mo.		25. DATE RECD. BY LOCAL REG. 7-29-63	
26. REGISTRAR'S SIGNATURE J. Roger Kleson		27. REGISTRAR'S SIGNATURE J. Roger Kleson	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK

OR

TYPEWRITER RIBBON

VS 300
Rev. 4/59

1 4003

2 4003

3

4 0

5 1

6

7 0

8 1

9 1963X

10

11

12 44-0

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harold J. Weyland Jr.

Licensed Embalmer No.

4512

P. O. Address

Kirkwood, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license)
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.